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PETERBOROUGH
JOINT EDUCATION BOARD

Annual Report
of the
**Principal
School Medical Officer**
for the Year
1958

G. NISBET, M.B., Ch.B. (Ed), D.P.H., R.C.S. (Ed)



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PETERBOROUGH JOINT EDUCATION BOARD

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1958

STAFF

<i>Principal School Medical Officer</i>	....	George Nisbet, M.B., CH.B. (ED), D.P.H., R.C.S.(ED).
<i>Deputy Principal School Medical Officer</i>		Gerald Dison, M.C., L.R.C.P., D.P.H. (resigned 14. 1. 58).
	•	William Gibb Smeaton, M.B. CH.B. D.P.H. Barrister-at-Law. (commenced 1. 3. 58).
<i>Assistant School Medical Officer</i>	....	Diana O. McKnight, M.B., B.S., D.C.H.
<i>Principal School Dental Officer</i>	....	Thomas Henry Roberts, L.D.S. (resigned 5. 10. 58). Alister Edwin Hurford, B.D.S. (as from 1. 10. 58).
<i>School Dental Officer</i>	....	Vacant.
<i>Anaesthetist (part-time) Dental</i>	....	J. G. Inglis, M.B., CH.B.
<i>School Nurses</i> (in order of length of service)	....	Mrs. L. Young, S.R.N., R.F.N. Mrs. S. A. Coward, S.R.N., B.T.A. Miss M. M. Wyatt, S.R.N., S.C.M., H.V.CERT. (resigned 7. 9. 58). Mrs. J. H. Fullerlove, S.R.N., H.V.CERT. (appointed 20. 10. 58).
<i>Speech Therapist</i>	....	Mrs. M. Venum, (née Murphy) L.C.S.T.
<i>Dental Attendant</i>	....	Miss D. E. Nichols.
<i>Chief Clerk (School Health Dept.)</i>	....	J. J. Dunford.

CONSULTANT STAFF

The services of the following Consultants have been made available during the year, by arrangement with the East Anglian Regional Hospital Board:

<i>Consultant Ear, Nose & Throat Surgeon</i>	A. A. Finlayson, M.B., CH.B., F.R.C.S.(ED).
<i>Consultant Paediatrician</i>	B. W. Powell, M.B., B.CHIR., M.R.C.P., M.R.C.S., L.R.C.P., D.C.H.
<i>Consultant Ophthalmic Surgeon</i>	G. M. Barling, M.B., D.O.M.S.

To

THE CHAIRMAN AND MEMBERS OF THE PETERBOROUGH JOINT EDUCATION BOARD.

Ladies and Gentlemen,

I have the honour to present my tenth Annual Report on the health of school children in the County of the Soke of Peterborough.

On the whole, the School Medical Service has run smoothly, although, owing to the absence, during the last four months of the year, of the School Medical Officer—Dr. McKnight (who is taking her course for the Diploma of Public Health in London)—it was not found possible, due to pressure of work, to fix convenient dates to carry out medical inspections at the two grammar schools for boys. This is unfortunate, as, owing to the stress at present being placed on the ascertainment of handicapped school leavers, I consider it is important to examine all children in this age group.

In spite of the shortage of medical staff, 3,988 children were medically examined, or re-examined, during the year, compared with 3,781 in 1957. It is interesting to note that, ten years ago (when the School Medical Service was principally carried out by the former County and City Medical Officers) the total number of children inspected and re-inspected was 2,116. It must be remembered, however, that the school population has increased by over 2,000 since that time.

The School Health Service is now fifty years old, for it officially came into being in 1908, though the first School Medical Officer had been appointed—by the London School Board—as far back as 1890. The first medical inspection in Peterborough was carried out by Dr. J. N. Collins in 1902.

In the half-century of its existence, there have been remarkable changes in the health of school children. Boys and girls today are heavier, taller, better clad and shod, and cleaner. Then, dental caries, fungus infections of the skin and verminous conditions were very prevalent, in fact, in certain families, lice were accepted as inevitable. It is disappointing to have to record that, even today, in the Soke of Peterborough, dental caries, fungus infections, particularly tinea of the feet, (though not ringworm of the scalp) and lice, are still fairly prevalent. In Peterborough school children, one per cent were found to be verminous in 1958. It was recorded in 1957 that four per cent of the total number of school children in the country were verminous, a situation of which we cannot be very proud. Dental caries continues with us, and no doubt will, until the cause can be proven definitely. While we know that caries is more common in school children who eat sweets between meals (just as we know that lung cancer is more common in the case of heavy smokers) we cannot say that either is the cause of the disease. Both, if they must be indulged in, however, should be taken in moderation. There is a lot of evidence to show that fluoridation of the water supplies offers the best hope of reducing dental decay.

Fifty years ago, malnutrition was found only too commonly among school children. Nowadays, more children are found to be overweight than

underweight. Sir John Charles, in his last report, pointed out that obesity should not be dismissed lightly, and said :—

“ The fat child is at a grave disadvantage more particularly in early adolescence ; frequently he begins to fail in school work, to dislike games, and to retire into his shell, unhappy and ashamed. It is worth recording that as the weight of fat children decreases, teachers often report progress in their school work. A large proportion of cases of obesity occurs in “ only children ” . ”

One hears more about delinquent and maladjusted school children now than half a century ago, and this is a problem which now cannot be ignored by the School Health Service. The number of children charged before the Juvenile Courts in this country has risen from 1,300 in 1913, to 38,000 in 1956. There is no Child Guidance Clinic, as such, in Peterborough. Advice to parents is arranged with the Regional Hospital Board Child Psychiatrist in Cambridge.

A tremendous amount has been done for the welfare of handicapped children through the School Health Service. The first school in Britain for handicapped children was one for the deaf, opened in Edinburgh in 1760 : this was followed in 1790 by a school for blind children in Liverpool. In 1908, when the School Health Service started, there were already 17,000 handicapped children in 300 special schools. In 1957, there were over 60,000 in 772 special schools. There are no special schools within the Soke of Peterborough, but no difficulty has been experienced in placing physically handicapped children in schools which cater specially for their needs. In 1914, tuberculosis crippled more children than any other disease. Today, cerebral palsy and poliomyelitis head the list.

In 1958, 12.6 per cent of the children examined in the Soke of Peterborough were found to have orthopaedic defects of a greater or lesser degree.

In this area there is still a great need for school accommodation for educationally sub-normal boys, although the problem here is not so great as in some large industrial cities where backward children are said to constitute 12 per cent of the total school population. Four per cent of all children who leave school each year—that is 26,000—are illiterate or semi-illiterate. Perhaps some of this incidence, locally, could be eliminated, if a similar type of school for boys, such as this Authority has for girls at Orton Hall, could be provided.

There were several staff changes in the county, during the year.

Dr. Dison, Deputy Principal School Medical Officer, resigned and left early in 1958. He was succeeded by Dr. W. G. Smeaton, who took up his duties on March 1st, 1958.

Mr. T. H. Roberts, the Principal School Dental Officer, also resigned on the 5th October, 1958, after nine years' service, and I should like to pay tribute to the valuable work he did as Principal School Dental Officer. He was succeeded by Mr. A. E. Hurford, who commenced duty on the 1st October, 1958.

Miss M. Wyatt, one of the School Nurses, resigned on the 7th September, 1958, and her place was taken by Mrs. J. H. Fullerlove.

I should like to express my thanks to my medical colleagues, to the Principal School Dental Officer, the Speech Therapist, and to the three School Nurses, for their loyal and ungrudging service.

I am also indebted to the Chief Education Officer and his staff for their help and co-operation, and to the members of the Special Services Sub-Committee of the Joint Education Board, whose continued help and interest is much appreciated.

Finally, my thanks are due to Mr. Dunford and the rest of my clerical staff, who have contributed so much to the efficient running of the School Health Service.

I have the honour to be,

Your obedient Servant,

GEORGE NISBET,

*County Medical Officer,
and Principal School Medical Officer
to the Joint Education Board.*

GENERAL STATISTICS**Area**

Area of Administrative County (in acres)	53,464
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Civilian Population

City of Peterborough	55,750
Peterborough Rural District	7,770
Barnack Rural District	4,980
Administrative County	<u>68,500</u>

School Population (as at January 1959)

Nursery School	40
On Registers of Primary Schools	6,857
On Registers of Secondary Modern Schools	3,124
On Registers of Grammar Schools	1,409
	<u>11,430</u>

(This is an increase of nearly 1000 since 1956)

Number of Schools

Nursery Schools	1
Primary Schools	36
Secondary Modern Schools	8
Grammar Schools	3
Total	<u>48</u>

MEDICAL INSPECTION.

A total of 3,027 children were examined in the routine age groups during the year 1958, compared with 3,102 examined in the previous year. In addition 82 Special Inspections were carried out (compared with 69 in 1957) and 879 re-inspections, compared with 610 last year. The total number of children, therefore, examined in 1958 was 3,988, compared with a total of 3,781 in 1957.

This year the Ministry of Education required the pupils examined to be classified in age groups, by year of birth, Details of the number of children

inspected in each age group are given hereunder :—

<i>Age Groups Inspected (by year of birth)</i>	<i>No. of Pupils Inspected</i>
1954 and later	124
1953	543
1952	239
1951	46
1950	27
1949	23
1948	27
1947	746
1946	396
1945	40
1944	577
1943 and earlier	239
Total	3,027

The routine age groups for medical inspection are those who have recently been admitted to school (Entrants), the last year at primary schools (Intermediates), and children who are expected to leave school during the next twelve months (Leavers).

In addition, any child thought to be delicate by the parents or teachers can be brought before the school medical officer and examined as a "Special". It will be noted that 82 such children were so examined during the year.

In addition to the above examinations, 279 children were examined for work out of school hours.

Adult medical examinations carried out on behalf of the Joint Board numbered 48, viz. college candidates 15, teachers 19, other examinations 14.

FINDINGS OF MEDICAL INSPECTION.

Diseases and Defects

Of the 3,027 children examined at the periodical medical inspections, 386 were found to be suffering from a disease or defect requiring treatment (other than dental diseases and infestations with vermin). This represents 12.7 per cent of all pupils inspected, compared with a percentage of 12.4 per cent last year, 9.4 per cent in 1956, and 13.4 per cent in 1955.

Full details of the number of defects found in the various age groups will be found in the Appendix, Table B.

In accordance with the tendency of recent years, the greatest percentage of children requiring treatment was again found in the Intermediate age group (10 - 11 years). In view of the increasing care given to pre-school children through infant welfare and toddlers' clinics etc., resulting in the remedying of defects before a child goes to school, fewer children among the Entrants are being found with diseases or defects requiring treatment.

General Conditions

The Ministry of Education has now laid it down that pupils shall be classified in two medical categories only, viz. "Satisfactory" and "Unsatisfactory."

This has probably simplified matters, for once upon a time a child could be classified under any of four different headings, "Excellent", "Normal", "Slightly Sub-Normal", or "Bad". This led some school medical officers to class fat, overweight children as of excellent nutrition, while others classed them as bad. It was pure hit or miss, whether an obese boy was classified as "excellent" or "bad", according to which doctor examined him. Nowadays all appreciate, I think, the defects that can arise in children who are overweight. Later, children were classified as "Good", "Fair", or "Poor" (the Ministry apparently having decided that there were no "Excellent" children). Now, it is "Satisfactory" or "Unsatisfactory"—black or white—no greys—as simple as that. But, again, it must be remembered that every school medical officer has his own ideas as to what is satisfactory or unsatisfactory. One wonders whether this latest classification is the Ministry's last word on the subject.

By the standards of the Ministry, 21 out of the 3,027 children examined in the routine age groups were classified as "Unsatisfactory", a percentage of 0.70, compared with a percentage of 0.58 last year, and 0.28 in 1956.

Further details of the findings under this heading will be found in the Appendix, Table A.

Cleanliness

Three school nurses are employed by the Peterborough Joint Education Board and their time is fully occupied in duties in connection with the School Health Service.

During the year 1958, in addition to other duties, they carried out a total of 26,917 examinations for cleanliness in the schools, compared with 27,450 inspections carried out in 1957, and 27,555 in 1956.

117 individual pupils were found to be infested with vermin, compared with 92 last year, and 80 in 1956. Cleansing orders were issued in respect of 47 children against 41 in 1957.

The number of individual children found to be verminous has risen in this area during the last few years. One reason, I think, is the increasing number of European immigrants coming to this area, whose standards of cleanliness are sometimes below those of the British. It is difficult to make those who do not speak English understand instructions for cleansing the heads of the children, but to help in this matter we have had instructions printed in Italian.

Following-Up

I am pleased to report that, despite the fact that Dr. McKnight, the School Medical Officer, was away during the latter part of the year, it

was possible for all children suffering from defects or diseases, to be re-examined at school, as well as those found to have some condition requiring observation, and 879 re-inspections of such children were carried out. Visits are paid to the homes of children by the school nurses, where necessary.

Close liaison is maintained with the Consultants at the Memorial Hospital, and where children fail to keep hospital appointments without explanation, arrangements are made for the school nurses to visit the homes of the children to find out the reason.

Quite often, the reason given is that they "forgot all about it". One wonders whether, if a fee were charged for failure to keep doctors' appointments, parents would forget so easily.

In the early days of the School Health Service, parents would go to endless trouble to get a hospital letter of recommendation to save them the cost of treatment. Now, with everything laid on, and free of charge, a few adopt a "couldn't care less" attitude, and, even if they know beforehand that an appointment will not be kept, do not trouble to inform the hospital.

Treatment of Defects

All treatment, other than speech therapy and minor ailments, is carried out under the National Health Service, and this arrangement continues to work satisfactorily.

Table A. Part II in the Appendix of this Report details the defects found at the routine and special inspections, and Part III deals with the defects treated.

Minor Ailments

A Minor Ailments Clinic is held at the School Clinic premises, Town Hall, Peterborough, on each Monday morning, and, if necessary, on other days, when either the Principal, Deputy, or Assistant School Medical Officer, takes charge. Cases referred by the Head Teachers are seen then, or by arrangement with my office, when the child can be called up to the School Clinic, accompanied by a parent.

A school nurse attends, to treat minor ailments, on other mornings between 9 and 10 o'clock, and between 4 and 5 p.m., when I am also available to see children considered by the nurses to require medical attention, or advice.

I append details of the minor ailments treated during the year :—

	<i>Number of cases treated</i>				
Scabies	1
Impetigo	6
Other skin diseases			16
Minor ear defects	4
Removal of aural wax			57
Minor eye defects	3
Minor injuries	6
Miscellaneous conditions	212
				Total	305

School Clinics

The Ministry of Education asks for up-to-date information regarding the location of school clinics and the type and number of sessions held in each.

There has been no change since the previous year. There is one central school clinic situated in the Town Hall, Peterborough, which is comparatively central for all schools in the City area. A School Medical Officer is always in attendance on Monday mornings and is available for consultation every other morning from 9 to 10 o'clock, and from 4 to 5 p.m. each day. A school nurse is always in attendance at these times. At these clinics minor ailments and miscellaneous injuries and defects are treated by the doctors or nursing staff. In addition, special examinations, which require a longer period than that normally available at a routine inspection at the schools, are also carried out at the school clinic.

In the rural areas a weekly clinic is held on Monday morning at Arthur Mellows Village College Medical Inspection Room by the school nurse who is responsible for the village schools. Other cases of minor ailments are treated by the nurse, either in the schools, or are brought to the Town Hall Clinic.

Defective Vision

Dr. G. M. Barling, the Consultant Ophthalmologist of the Regional Hospital Board, continues to carry out the school ophthalmic work at the Peterborough Memorial Hospital, and I again express my thanks to Dr. Barling and to Sister Lindsay for their co-operation and help.

During 1958, 415 children suffering from errors of refraction (including squint) were referred by me to the Ophthalmic Surgeon. Glasses were prescribed for 355 of these children and were duly obtained.

Three children suffering from slight blepharitis were treated at the School Clinic during the year.

Defects of Ear, Nose and Throat

Thirty-nine children examined in the routine age groups, or as 'Specials' were referred through their general practitioner to the E.N.T. Surgeon at the Hospital for his opinion regarding operative treatment and another 326 pupils required to be kept under observation for enlarged tonsils and adenoids. Therefore 11.7 per cent of all children examined in the routine and special groups during the year were found to be suffering to a greater or lesser degree from defects of the nose and throat, antra or sinuses, compared with 8.6 per cent in 1957, and 12 per cent in 1956.

In all cases where the children are referred for observation for these conditions, the parents are given a special pamphlet with instructions about mouth breathing etc.

During the year, 237 children were operated on for adenoids and chronic tonsillitis. Most of these had been brought forward from previous years, or had been referred to the Hospital by their own general practitioners without being referred from a school medical inspection. Indeed, the great majority of

tonsils and adenoids cases are now referred for operative treatment by general practitioners rather than by the school health service where the emphasis is upon conservative rather than operative treatment.

I am constantly coming across children at routine school medical inspections who, I find, are on the waiting list at the Hospital for tonsils and adenoids operation, but who, in my opinion have, since their names were added to the list, improved so much that operative treatment is no longer necessary.

Of the 237 children operated on in 1958, 148 were treated at the Peterborough Memorial Hospital ; 82 at Stamford Hospital ; 5 at the R.A.F. Hospital, Ely, and two at Addenbrooke's Hospital Cambridge.

At the end of the year 1958, according to my records from information received from the local hospitals, there were 634 school children in the area awaiting operative treatment for enlarged tonsils and adenoids, compared with 645 waiting at the end of 1957.

As requested by the Ministry of Education, a note was made during the year of all children examined in the routine age groups who had previously been operated upon for enlarged tonsils and adenoids. I found that a total of 346 children (or 11.1 per cent) of those examined had previously received operative treatment, compared with 12 per cent last year.

Details are as follows :-

Age Group Inspected (by year of birth)					Boys	Girls
					<hr/>	<hr/>
1954 and later	....	....	....	....	1	—
1953	....	...	....	....	9	10
1952	....	....	....	....	5	6
1951	....	....	....	...	2	2
1950	....	....	....	....	3	1
1949	....	....	....	....	1	2
1948	....	....	....	....	2	3
1947	....	....	....	....	110	74
1946	....	....	....	....	36	34
1945	....	....	....	....	—	—
1944	....	....	....	....	16	18
1943 and earlier	....	....	....	....	7	4
					<hr/>	<hr/>
Totals					192	154
					<hr/>	<hr/>

Four children were operated on at the Peterborough Memorial Hospital during the year for other nose and throat conditions—three had mastoid operations and nine received other forms of treatment.

I again express my thanks to Mr. A. A. Finlayson, the E.N.T. Surgeon, and to the Registrar, Mr. M. E. Johnston, for their continued co-operation and assistance.

All children have their ears examined at the routine medical inspections by electric auroscope by the school medical officers. 55 children suffering from wax or ear defects, and 13 suffering from otitis media were found at the routine medical inspections, and 66 other children with a minor degree of otitis media or aural wax were kept under observation. Children found with aural wax are asked to attend the school clinic for removal of the wax by the school medical officer.

Four children examined in the routine age groups were referred for treatment on account of deafness, and a further 23 were kept under observation for defective hearing. No information was received from the Hospital Authorities that any child in the Soke of Peterborough had been provided with a Hearing Aid during 1958, but two school children are known to me who, in previous years, had been provided with such aids.

Orthopaedic Defects

Children with orthopaedic defects still comprise a considerable percentage of those found at medical inspection to require either treatment or to be referred for observation. Out of a total of 3,109 children examined in the routine and special groups as many as 394, or 12.6 per cent were found to have orthopaedic defects of a greater or lesser degree, viz.—

Bad posture	....	126
Foot defects	....	117
Other defects	...	151

In 1957, 10.5 per cent of the children examined were found to have orthopaedic defects, and in 1956, 11.1 per cent.

This year, a greater number of children (especially girls) were noted with bad posture. Is this due, one wonders, to their sitting on a low stool in front of the television set?

Children with orthopaedic and postural defects requiring treatment, are referred to their own medical practitioners, who may, in turn, refer them to the Orthopaedic Surgeon at the Peterborough Memorial Hospital, Mr. Noel Smith. 146 such children are known to have been thus referred during the year.

Child Guidance

No Child Guidance Clinic exists in Peterborough, but, once again, Dr. R. E. Glennie, the Consultant Child Psychiatrist to the Cambridgeshire Education Committee, has kindly seen a number of children referred by me during the year, as well as several referred by their own general practitioners. I am much indebted to Dr. Glennie for his help and co-operation.

It was recently stated at an International Mental Health Conference in Paris, that three times as many teachers are neurotic as agricultural workers, the figures being 19 per cent of agricultural workers, against 54 per cent of

teachers. One can only suppose that it is much more soothing to deal with cows, sheep and, even bulls, than with the human young, or, is it because one is allowed to use—in moderation—a whip upon recalcitrant animals, but not upon disobedient and naughty children? I am aware that it is thoroughly reactionary to suggest such a thing, but would there not be less neurotic teachers, and fewer children in need of psychiatric treatment, if the rod could come back into more general use. Child guidance and child psychiatry have increased as the use of corporal punishment has decreased.

Speech Therapy

I append the report of the Speech Therapist, for the year 1958 :—

“ Throughout the year five or six sessions per week were carried out in the School Medical Officers’ Consulting Room at the Town Hall School Clinic premises. One session also per week was carried out at each of the following centres :—

Dogsthorpe Infants’ School,
 Eastholm Infants’ School,
 Walton Junior School,
 Wittering School (from June to December),
 Eye Infants’ School (from January to July),
 Glinton Primary School (from September to December).

It has been noticeable that there has been a more marked progress in the children attending the clinic at the Town Hall compared with the children treated at the schools. This is due mainly to the fact that I am able to gain the co-operation of the parents when they bring the children to the clinic. This co-operation is very important. Also, when away from school, the children do not regard their treatment as just another school lesson and usually remember it longer.

The tape recorder at the Town Hall is an invaluable piece of equipment. Unfortunately, it is not possible to treat all the children there as the room is much too small and noisy, placed as it is next to the dental clinic. And, as it is now used to store and administer polio. vaccine this room is even more unsuitable as a speech therapist clinic than was stated last year.

More children were treated and discharged last year than in 1957, but on the whole the defects were not as severe.

Margaret G. Venum.”

SPEECH THERAPY TABLE 1958

	<i>Admitt- ed</i>	<i>Brought forward</i>	<i>Dischar- ged</i>	<i>Unco- operative</i>	<i>School Leaver</i>	<i>Left District</i>
Dyslalia	77	79	67	4	1	4
Stammering	4	15	10	—	2	—
Cerebral Palsy	1	1	1	—	—	—
Cleft Palate	1	3	3	—	—	—
Dysphonia	1	—	—	—	—	—
Total	84	98	81	4	3	4

(These figures included in
two previous columns)

Handicapped Pupils

Under the Education Act, 1944, the Local Education Authority is responsible for ascertaining handicapped children from the age of two years. As the Medical Officer responsible for the administration of the Maternity and Child Welfare Services of the Local Health Authority, practically all of these children are known to me before they reach school age, and are already classified in my record as "Handicapped Infants."

Handicapped children are those suffering from disability of mind or body to such an extent that they require education by special methods.

Nothing further has been done to provide a special school for educationally sub-normal boys, and at the end of the year 11 such boys were awaiting admission to special schools for educationally sub-normal pupils.

Educationally sub-normal girls are catered for at the Special School at Orton Hall, near Peterborough, where there is accommodation for 100 girls (46 boarders and 54 day pupils). At the end of the year 21 girls from the Soke of Peterborough were in attendance at Orton Hall, 20 as day pupils and one as a boarder.

The following Table shows the number of handicapped pupils on the Register during the year 1958 :—

Blind or partially blind	....	....	....	....	3
Other visual defects	....	....	....	....	3
Deaf or partially deaf	....	....	....	....	17
Delicate	....	....	....	....	35
Epileptic	....	....	....	....	22
Educationally sub-normal.	Boys	106	}		
	Girls	91			197
Physically handicapped	....	....	....	....	97
Maladjusted	....	....	....	....	9
Total					<u>383</u>

At the end of the year 1957, 313 children were on the Register.

Five educationally sub-normal boys were at special schools during the year, viz. four at St. Joseph's Special School, Cranleigh, Surrey, and one at Swaylands School, Penshurst.

Special Schools

A girl (who is also partially deaf) is being educated at the Birmingham Royal Institution for the Blind, and one boy was at the Royal Normal College during the year.

One deaf boy is being educated at the Royal School for the Deaf, Derby. Another is at St. John's Residential School for the Deaf, Boston Spa, Yorks. One boy was admitted during the year to Donnington Lodge School, Newbury, Berks., and another boy to St. John's Residential School, Boston Spa. A boy who was formerly at Donnington Lodge, and who was discharged therefrom in 1957, was admitted to Rudolf Steiner School, Aberdeen during the year. In addition, this Authority accepted responsibility for a boy already at St. John's School, Boston Spa, upon his parents removing to this area. He was discharged at the end of the year upon reaching the age of 16 years.

The parents of a girl suffering from spastic paraplegia (who is at the Palace School, Ely) left the district in July 1958, and this Authority ceased to be financially responsible for the girl's education.

A diabetic boy is at Shaftesbury House Hostel for Diabetic Children, Rustington.

One boy, suffering from spina bifida, was at Stoke Mandeville Hospital for four months during the year.

An epileptic girl is being educated at St. Elizabeth's School and Home for Epileptics.

Four children suffering from pulmonary tuberculosis were resident at the Children's Hospital, Kelling during 1958.

Thirty-four delicate children were in residential open-air schools during the year, viz.—

Port Regis Open-air School, Broadstairs (girls) 14

Holy Cross Open-air School, Broadstairs (boys) 20

Most of our spastic children are catered for at the Wilfred Pickles School, Tixover (about 15 miles from Peterborough) and at the end of the year there were ten day pupils from the Soke of Peterborough at this School. The boy who was a boarder was discharged on 19. 12. 58.

One spastic boy who was at Hawksworth Hall School, Guiseley, Leeds, was discharged at the end of the year, and is now awaiting admission to Irton Hall Cerebral Palsy Unit, Cumberland.

Three maladjusted boys are being educated in special schools, one at the Edward Rudolf Memorial School, Dulwich, one at Morley Hall Hostel, Wymondham, Norfolk, and one at Pitt House School, Chudleigh Knighton, Devon.

CO-OPERATION WITH TEACHERS, PARENTS AND DOCTORS.

I am appreciative of the helpful co-operation I receive from the teachers of the Peterborough Joint Board, not only at the time of the medical examination, but in completing medical inspection lists and making smooth running arrangements at the time of the examinations.

During the year, an informal conference was arranged between the Principal School Medical Officer and the Head Teachers, when mutual problems were discussed, and criticisms made and answered.

Always I try to obtain the full co-operation of the parents. Letters are sent out from my office to the parents or guardians of all children due for routine examination—usually a week in advance—informing them of the exact time and place of the inspection, and inviting their attendance. At the same time, the parents are asked to complete a simple form, giving the family and the child's previous medical history, which is confidential to the school medical staff.

73% of the parents attended the medical examinations of their children, compared with 71.6% last year, and 72.4% in 1956. I am glad to say that almost all parents attend at the examination of infants.

35 boys and 42 girls—a total of 77—were absent from school on the day appointed for their examination. In the majority of cases their absence was due to illness or similar causes. If I suspect that a child has been deliberately kept away from school on the day of the examination, a letter is sent requesting the parents to bring the child to be medically examined by the School Medical Officer at the Town Hall Clinic. On the other hand, where a child has been unavoidably absent, parents quite often write requesting another date for

examination, expressing their willingness to attend at the School Clinic for this purpose. This is a comparatively new development, and seems to show that parents are appreciative of the medical examination by the school medical staff.

In the majority of cases, probably a child's only introduction to a stethoscope is when he or she is examined at school, and unless any serious illness intervenes, he will not come into first hand contact with such an instrument until he enters an Old People's Home—unless some future Government is enlightened enough to make routine medical examinations available at various stages of adult life. With the abolition of National Service, it will be possible (and in many cases even probable) for a person to go all through life, after leaving school, without any kind of clinical examination. The present formula is three medical examinations in childhood, then one pleases oneself.

Thorough medical examination of all persons in middle life would undoubtedly reveal more defects and diseases than examination of children at the age of 14.

Vaccination and Diphtheria Immunisation.

As in previous years, a note was made on each child's medical inspection card as to whether vaccination and diphtheria immunisation had been carried out.

2,095 of the 3,027 children examined in the routine age groups had been immunised against diphtheria, or 69.1 %, compared with 66.0 % in 1957, and 69.1 % in 1956.

985 of the 3,027 children were known to have been vaccinated against smallpox, or 32.5 %, compared with 33.6 % in 1957, and 35 % in 1956.

It will be noted that the percentage of children vaccinated and immunised remains fairly consistent. The best results were again shown at Wittering School, where there are many service families. 101 of the 120 children examined there had been immunised, and 98 vaccinated.

REPORT OF DENTAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN FOR THE YEAR 1958.

The following schools were inspected during the year :—

<i>City</i>	<i>Soke</i>
John Mansfield Secondary Modern	Arthur Mellows Village College
Newark Hill County	Wittering County
Eastholm Secondary Modern (Girls)	
Eastholm Secondary Modern (Boys)	
Newark C.E.	
Orchard Street Secondary Modern	
Dogsthorpe/Newark County	
Walton Secondary Modern	

Staff

Mr. T. H. Roberts retired during the year after nine years service and I wish him a long and happy retirement.

Unfortunately it has not been possible to have a complete staff of three Dental Officers, and so it is only possible to visit the schools for routine dental inspection once every three years instead of once a year.

General observations

The general standard of oral hygiene of the children leaves much to be desired. Very few children were found to be dentally fit on routine examination. Too many children neglect their teeth, and wait until they are actually suffering from toothache before visiting the Clinic between 9.0 a.m. and 10.0 a.m. as emergency cases, and hence they require extractions instead of conservation.

The poor condition of 5 year olds starting school life was noticed. It is commonplace to inspect the mouth of a five-year-old, who is otherwise well cared for, only to find a mass of broken down septic teeth. Most of this rampant caries is undoubtedly due to eating too many sweet, sugary, sweets and soft food.

General Anaesthesia

During the year 339 children received dental treatment under general anaesthesia. I wish to thank Dr. Inglis for his help in administering general anaesthetics.

Orthodontics

Fifteen cases were commenced during the year and eleven cases completed, four cases being still under treatment.

The demand for this type of treatment is increasing. The majority of the appliances used are of the removable type.

The time required to bring about the necessary tooth movement and correct occlusion is considerable ; it is therefore essential to have complete co-operation from both the parent and the child.

It is gratifying to report that some very good results have been obtained during the year.

Radiography

A greater use of X-rays was made during the year.

Prosthetics

Fifteen dentures were made and fitted during the year. Most of these were partial dentures for replacement of anterior teeth lost through accident.

I wish to thank Mr. Holt, B.D.S., Hospital Dental Surgeon, for his help with some minor oral surgical cases.

I also wish to thank Miss Nichols for her very able help and also for completing the statistics for this Report.

A. E. HURFORD, B.D.S.,
Principal School Dental Officer.

APPENDIX

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A. PERIODIC MEDICAL INSPECTIONS.

<i>Age Groups Inspected. (By year of birth)</i>	<i>No. of Pupils Inspected</i>	<i>Physical condition of Pupils Inspected</i>			
		<i>Satisfactory</i>		<i>Unsatisfactory</i>	
		<i>No.</i>	<i>% of Col. 2.</i>	<i>No.</i>	<i>% of Col. 2.</i>
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later	124	124	100.0	—	0.0
1953	543	536	98.7	7	1.3
1952	239	236	98.8	3	1.2
1951	46	44	95.6	2	4.4
1950	27	27	100.0	—	0.0
1949	23	23	100.0	—	0.0
1948	27	27	100.0	—	0.0
1947	746	740	99.2	6	0.8
1946	396	395	99.8	1	0.2
1945	40	40	100.0	—	0.0
1944	577	575	99.7	2	0.3
1943 and earlier	239	239	100.0	—	0.0
Total	3027	3006	99.3	21	0.7

TABLE B. PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC INSPECTION.

<i>Age Groups inspected (By year of birth)</i>	<i>For Defective Vision (Excluding squint)</i>	<i>For any of the other conditions recorded in Part II A.</i>	<i>Total Individual</i>
1954 and later	—	10	10
1953	—	59	59
1952	—	51	51
1951	—	9	9
1950	—	1	1
1949	2	2	4
1948	1	—	1
1947	27	89	113
1946	13	42	54
1945	—	1	1
1944	21	41	61
1943 and earlier	7	15	22
Total	71	320	386

TABLE C. OTHER INSPECTIONS.

Number of Special Inspections	....	....	....	82
Number of Re-Inspections	....	....	....	879
			Total	961

TABLE D. INFESTATION WITH VERMIN.

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	....	....	26,917
(b)	Total number of individual pupils found to be infested	....		117
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	....		9
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	....		38

PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A. PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
4	Skin	13	26	5	13	—	—	27	68
5	Eyes (a) Vision	—	6	33	15	—	—	71	50
	(b) Squint	18	24	1	2	—	—	28	35
	(c) Other	1	11	—	8	—	—	3	23
6	Ears (a) Hearing	4	13	—	3	—	—	4	23
	(b) Otitis Media	6	16	2	4	—	—	13	44
	(c) Other	6	2	26	11	—	—	55	22
7	Nose and throat	26	188	6	41	—	—	39	320
8	Speech	21	28	1	1	—	—	33	35
9	Lymphatic Glands	9	38	—	2	—	—	13	53
10	Heart	2	43	2	11	—	—	5	90
11	Lungs	9	50	—	8	—	—	14	93
12	Developmental :								
	(a) Hernia	5	11	—	1	—	—	6	32
	(b) Other	3	12	3	7	—	—	9	60
13	Orthopaedic :								
	(a) Posture	5	21	3	33	—	—	32	93
	(b) Feet	13	29	5	21	—	—	44	72
	(c) Other	11	44	6	31	—	—	23	128
14	Nervous system :								
	(a) Epilepsy	—	3	—	1	—	—	—	6
	(b) Other	—	3	—	4	—	—	1	22
15	Psychological :								
	(a) Development	—	4	—	—	—	—	6	20
	(b) Stability	1	37	—	3	—	—	2	80
16	Abdomen	2	6	—	—	—	—	2	10
17	Other	—	1	2	—	—	—	2	1

TABLE B. SPECIAL INSPECTIONS.

<i>Defect Code No.</i>	<i>Defect or Disease</i>	<i>Special Inspections Requiring treatment</i>	<i>Requiring Observation</i>
4	Skin	1	—
5	Eyes - (a) Vision	4	—
	(b) Squint	—	—
	(c) Other	1	—
6	Ears : (a) Hearing	1	—
	(b) Otitis Media	1	—
	(c) Other	1	1
7	Nose and Throat	—	6
8	Speech	4	3
9	Lymphatic Glands	—	2
10	Heart	—	1
11	Lungs	1	1
12	Developmental		
	(a) Hernia	—	—
	(b) Other	—	—
13	Orthopaedic		
	(a) Posture	—	1
	(b) Feet	1	—
	(c) Other	—	—
14	Nervous System		
	(a) Epilepsy	—	1
	(b) Other	—	—
15	Psychological		
	(a) Development	—	—
	(b) Stability	2	2
16	Abdomen	—	—
17	Other	—	—

PART III.

**TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND
SPECIAL SCHOOLS).**

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	<i>No. of cases known to have been dealt with</i>
External and other ,excluding errors of of refraction and squint	3
Errors of refraction (including squint)	415
Total	418
Number of pupils for whom spectacles were prescribed	355

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment	
(a) for diseases of the ear	3
(b) for adenoids and chronic tonsilitis	237
(c) for other nose and throat conditions	4
Received other forms of treatment	9
Total	253

Total number of pupils in schools who are known to
have been provided with hearing aids

(a) in 1958	—
(b) in previous years	2

TABLE C
ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients department	146
(b) Pupils treated at school for postural defects	—
Total	146

TABLE D
DISEASES OF THE SKIN
(Excluding uncleanliness, for which see Table D of Part I)

	<i>Number of cases known to have been treated</i>
Ringworm - (a) Scalp	—
(b) Body	—
Scabies	1
Impetigo	6
Other skin diseases	16
Total	23

TABLE E
CHILD GUIDANCE TREATMENT

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics	6*

TABLE F
SPEECH THERAPY

	<i>Number of cases known to have been treated</i>
Pupils treated by speech therapist	182

TABLE G
OTHER TREATMENT GIVEN

				<i>Number of cases known to have been dealt with</i>
(a)	Pupils with minor ailments	....		270
(b)	Pupils who received convalescent treatment under School Health Service arrangements	....	....	34
(c)	Pupils who received B.C.G. vaccination			44
(d)	Other than (a) (b) and (c) above			
	Minor injuries	....	....	6
			Total	354

* While no pupils were treated under arrangements made by the Authority, six were treated during the year by the Consultant Psychiatrists of the Regional Hospital Board by personal arrangements made by the Principal School Medical Officer.

PART IV
DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE
AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers :-			
	(a)	At periodic inspections	2871	Total(1)
	(b)	As specials	1291	
				4162
(2)	Number found to require treatment			
				3265
(3)	Number offered treatment			
				2796
(4)	Number actually treated			
				2281
(5)	Number of attendances made by pupils for treatment including those recorded at 11 (h)			
				4405
(6)	Half days devoted to :—			
	(a)	Periodic (School) inspection	22	Total (6)
	(b)	Treatment	238	
				460
(7)	Fillings :			
	(a)	Permanent Teeth	2521	Total (7)
	(b)	Temporary Teeth	47	
				2568
(8)	Number of teeth filled :			
	(a)	Permanent Teeth	2360	Total (8)
	(b)	Temporary Teeth	47	
				2407
(9)	Extractions :			
	(a)	Permanent Teeth	545	Total (9)
	(b)	Temporary Teeth	1666	
				2211
(10)	Administration of general anaesthetics for extraction....			
				339
(11)	Orthodontics :			
	(a)	Cases commenced during the year		15
	(b)	Cases carried forward from previous year		4
	(c)	Cases completed during the year		11
	(d)	Cases discontinued during the year		—
	(e)	Pupils treated with appliances		19
	(f)	Removable appliances fitted		15
	(g)	Fixed appliances fitted		—
	(h)	Total attendances		225

(12)	Number of pupils supplied with artificial teeth			15
(13)	Other operations :			
	(a) Permanent teeth	....	1061	Total (13) 2161
	(b) Temporary teeth	....	1100	
				<hr/>

